

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039505

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 3-12

Primary Registration District No. 5780 Registrar's No. 50

FILED OCT 30 1962

VS 300  
Rev. 4/59

10660

20660

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1290-0

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DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Miller</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Miller</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Saline Township</b>		c. CITY OR TOWN <b>Etterville</b>	
Length of stay in 1b <b>years</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rt. 1, Etterville</b>		d. STREET ADDRESS (If outside, give location) <b>Rt. 1</b>	
3. NAME OF DECEASED (Type or print) First <b>Frances</b> Middle <b>Eloise</b> Last <b>Bond</b>		4. DATE OF DEATH Month <b>October</b> Day <b>19</b> Year <b>1962</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>caucasian</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/29/83</b>
10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>79</b>
11. BIRTHPLACE (City and state or country) <b>Russellville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Mathew Slaughter</b>		13b. MOTHER'S MAIDEN NAME <b>Salina Fry</b>	
14. NAME OF HUSBAND OR WIFE <b>Daniel Elmer Bond</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Ralph Bond, Etterville, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Senility.</b> DUE TO (b) <b>Cardio-vascular renal disease</b> DUE TO (c) <b>undetermined</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Oct 1 1962</b> to <b>Oct 19 1962</b> saw her alive on <b>Oct 16 1962</b> Death occurred at <b>11:45 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>E. O. Shelton M.D.</b> (Degree or title)		22b. ADDRESS <b>Eldon Mo</b>	
22c. DATE SIGNED <b>Oct 20 1962</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	
23b. DATE <b>10/21/62</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Spring Garden</b>	
23d. LOCATION (City, town, or county) <b>Miller County, Missouri</b>		(State)	
24. FUNERAL DIRECTOR <b>Phillips Funeral Home, Eldon, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Oct. 20, 1962</b>	
26. REGISTRAR'S SIGNATURE <b>Cal W. Enretta Walt</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Don E. Phillips

Licensed Embalmer No. 5108

P. O. Address Eden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.